



INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
4800 MARK CENTER DRIVE
ALEXANDRIA, VIRGINIA 22350-1500

December 11, 2018
Ref: MDR-2013-00159
WHS RPD No. 12-M-0084

Mr. Jason Leopold

Dear Mr. Leopold:

While processing your October 6, 2011, mandatory declassification review (MDR) request for 10-INTEL-04, "Review of the Joint Task Force Guantanamo's Inclusion of Mental Health Information in Intelligence Reports (U)," the Washington Headquarters Services Records, Privacy, and Declassification Division (WHS RPD) determined that this report originated with the Department of Defense, Office of Inspector General and referred your request to this Office for processing and direct response to you. We received your request and assigned it case number MDR-2013-00159. For your reference, the WHS RPD file number associated with this request is 12-M-0084.

The Office of the Deputy Inspector General for Intelligence and Special Program Assessments conducted a search and found the enclosed document responsive to your request. After coordinating a review of the report with the Central Intelligence Agency (CIA), Defense Intelligence Agency (DIA), Office of the Director of National Intelligence (ODNI), Office of the Secretary of Defense/Joint Staff (OSD/JS), and United States Southern Command (SOUTHCOM), we determined that the redacted portions of the document are currently and properly classified in accordance with Executive Order 13526, Sections 1.4(a), 1.4(c), 1.4(e), and 1.4(g). The information is also protected under the Freedom of Information Act (FOIA) pursuant to:

- 5 U.S.C. § 552 (b)(3), which pertains to information exempted from release by statute, in this instance 50 U.S.C. § 403(c)(6);
- 5 U.S.C. § 552 (b)(5), which pertains to certain inter-and intra-agency communications protected by the deliberative process privilege; and
- 5 U.S.C. § 552 (b)(6), which pertains to information, the release of which would constitute a clearly unwarranted invasion of personal privacy.

If you consider this an adverse determination, you may submit an appeal. Your appeal, if any, must be postmarked within 60 days of the date of this letter, should clearly identify the determination that is being appealed, and should reference the file number above. Send your appeal to the Department of Defense, Office of Inspector General, ATTN: FOIA Appellate Authority, Suite 10B24, 4800 Mark Center Drive, Alexandria, VA 22350-1500. We recommend

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Report No. 10-INTEL-04
May 4, 2010

Inspector General

United States
Department of Defense



DEPUTY INSPECTOR GENERAL FOR INTELLIGENCE

Review of Joint Task Force Guantanamo's Inclusion of Mental Health Information in Intelligence Information Reports (U)

Derived From: Multiple Sources

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(U) Acronyms and Abbreviations

BSCT	Behavioral Science Consultation Team
CIA	Central Intelligence Agency
DIA	Defense Intelligence Agency
DNI	Director of National Intelligence
HUMINT	Human Intelligence
ICPM	Intelligence Community Policy Memorandum
IIR	Intelligence Information Report
IP	Interrogation Plan
JTF	Joint Task Force
JTF GTMO	Joint Task Force Guantanamo
MFR	Memorandum for Record
NHMD	National HUMINT Management Directive
OIG	Office of the Inspector General
SIR	Summary Interrogation Report

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INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
400 ARMY NAVY DRIVE
ARLINGTON, VIRGINIA 22202-4704

MAY 4 10


MEMORANDUM FOR UNDER SECRETARY OF DEFENSE FOR INTELLIGENCE
DIRECTOR, DEFENSE INTELLIGENCE AGENCY
DIRECTOR, JOINT STAFF

SUBJECT: Review of Joint Task Force Guantanamo's Inclusion of Mental Health
Information in Intelligence Information Reports
(Report No. 10-INTEL-04) (U)

(U) We are providing this report for your information and use. This project is the result of information developed during the investigation into the *Alleged Use of Mind Altering Substances on Detainees by DoD Personnel for the Purpose of Interrogation*, Report No. 08-INTEL-14. We considered management comments on a draft of the report in preparing the final report.

(U) Comments on the draft of this report conformed to the requirements of DoD Directive 7650.3 and left no unresolved issues. Therefore, we do not require any additional comments.

(U) We appreciate the courtesies extended to the staff. Please direct questions to me at (703) 604-^{DoDIG (b)(6)}, DSN 664-^{DoDIG (b)(6)}, or ^{DoDIG (b)(6)} at (703) 604-^{DoDIG (b)(6)}, DSN 664-^{DoDIG (b)(6)}.


Patricia A. Brannin
Deputy Inspector General
for Intelligence

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Results in Brief: Review of Joint Task Force Guantanamo's Inclusion of Mental Health Information in Intelligence Information Reports (U)

(U) What We Did

(U//~~FOUO~~) During a prior investigation into allegations that detainees were administered mind-altering drugs to facilitate interrogations, we found that some detainees received ongoing medication with psychoactive drugs (for treatment of diagnosed medical conditions) which could impair an individual's ability to provide accurate intelligence.

(U//~~FOUO~~) This review was conducted to determine whether DoD Intelligence Information Reports (IIRs) published by Joint Task Force Guantanamo (JTF GTMO) included information regarding the mental health status of sources or their history of medication with psychoactive substances and to determine the possible effect on finished intelligence.

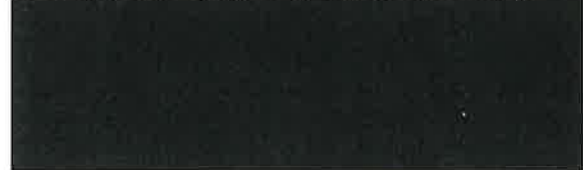
(U) What We Found

(U) Present regulatory guidance authorizes health-care providers to share detainee medical information with interrogators, but does not provide specific guidance on how to do so. As a result, execution of these policies at Guantanamo has been inconsistent, resulting in confusion for both health-care providers and interrogation elements.

(S//~~NF~~) OSD, (b)(1), Sec 1.4(c), (b)(3), (b)(5), SOUTHCOM, (b)(1), Sec 1.4(a) & Sec 1.4(c)



OSD, (b)(1), Sec 1.4(c), (b)(3), (b)(5), SOUTHCOM, (b)(1), Sec 1.4(a) & Sec 1.4(c)



(U) Client Actions in Response to Recommendations

(U) The Vice Director, Joint Staff, concurred with Finding A and proposed that corrective measures should be expanded by updating JCS policy and doctrine to effect training modifications for the more efficient conduct of incorporating essential medical information into interrogation operations.

(S//~~NF~~) OSD, (b)(1), Sec 1.4(c), (b)(3), (b)(5), SOUTHCOM, (b)(1), Sec 1.4(c)



(U) The Director, Defense Intelligence Agency, concurs with Recommendation C in Finding C. DIA initiated coordination with United States Southern Command to begin the process of reviewing reporting derived from the 20 specified detainees in this report. Additionally, DIA endorsed the recommendation in Finding A for the Joint Staff to issue guidance.

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Recommendations Table

Client	Recommendations Requiring Comment	No Additional Comments Required
Director, Joint Staff	None	A
Under Secretary of Defense for Intelligence	None	B
Director, DIA	None	C

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Table of Contents

(U) Introduction	1
Objective	1
Background	1
Scope and Methodology	2
Prior Coverage	2
(U) Finding A. Policy on Access to Medical Information	3
Policies and Guidance	3
Conclusion	5
Recommendation	6
(U) Finding B. Inclusion of Information in Intelligence Information Reports	7
Guidance	7
Methodology	8
Lack of Reporting	9
Interviews	14
Recommendation	15
(U) Finding C. Impact of Information on Finished Intelligence	16
Policy	16
Review of Documents	16
Analyst Evaluations	18
Recommendation	19
(U) Client Comments	
Vice Director, Joint Staff	21
Deputy Under Secretary of Defense for Human Intelligence	23
Director, Defense Intelligence Agency	24

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(U) Introduction

(U) Objective

(U//~~FOUO~~) This review was conducted to determine whether DoD Intelligence Information Reports (IIRs) published by Joint Task Force Guantanamo (JTF GTMO) and its predecessor organizations included information regarding the mental health status of sources or their history of medication with psychoactive substances and to determine the possible effect on finished intelligence.

(U) Background

(S//NF) In a previously published report entitled, "Investigation of Allegations of the Use of Mind-Altering Drugs to Facilitate Interrogations of Detainees,"¹ we found that

OSD, (b)(1), Sec 1.4(c)



(U//~~FOUO~~) Concerns regarding the reliability of sources and source validation procedures have received attention from Congress since the start of the Iraq War. For instance, the Senate Select Committee on Intelligence in the September 2008 report, "The Use by the Intelligence Community of Information Provided by the Iraqi National Congress," concluded that uncertainties about reliability of sources should be taken into account and analysts should use such information with caution. If, however, analysts are unaware of concerns related to particular sources' reliability, they may put too much confidence in the information reported. Analysts would be better served by being notified of such reliability concerns so that they may re-double their efforts to find corroborating reports. Consequently, we sought to find out (1) what guidance, if any, allows interrogators to access detainee medical information, (2) if interrogators in fact had access to information about the mental health of these sources, (3) if interrogators communicated that information to consumers of intelligence reports, and (4) if the information from these sources was used in finished intelligence.

¹(U) DoD Inspector General Report No. 09-INTEL-13, dated September 23, 2009.

(U) Scope and Methodology

(U) We conducted this review from June 2009 through January 2010 , in accordance with the Council of the Inspectors General on Integrity and Efficiency Quality Standards for Inspections. Our focus was on detainee interrogations from September 2001 through October 2009. Our review encompassed DoD human intelligence policy and procedures; DoD medical policy, procedures, and records; interrogation operations; and intelligence analysis. We conducted interviews with subject matter experts including health care professionals, intelligence analysts, former Commanders of the Joint Medical Group and Joint Intelligence Group, JTF GTMO, the Defense Intelligence Agency (DIA), and other DoD organizations. We also spoke with the Acting Deputy Assistant Secretary of Defense (Clinical and Program Policy) in the Office of the Assistant Secretary of Defense (Health Affairs); the Human Intelligence Director in the Under Secretary of Defense for Intelligence; the Deputy Director for Human Intelligence, DIA; and the Vice-Deputy Director for Analysis, DIA. We reviewed JTF GTMO behavioral health service reports, interrogation plans, interrogation logs, summary interrogation reports, memoranda for record, IIRs, and IIR evaluations. Finally, we sent surveys to intelligence analysts and interrogators and issued data calls to the appropriate DoD and non-DoD components.

(U) Prior Coverage

(U) We discovered no previous reviews addressing the inclusion of mental health information in IIRs over the last 5 years.

(U) Finding A. Policy on Access to Medical Information

(U) Present regulatory guidance authorizes health-care providers to share detainee medical information with interrogators, but does not provide specific guidance on how to do so. As a result, execution of these policies at Guantanamo has been inconsistent, resulting in confusion for both health-care providers and interrogation elements.

(U) Policies and Guidance

(U//~~FOUO~~) **DoD Policy.** DoD policy governing the privacy of personal records, including medical records, at the commencement of Operation Enduring Freedom, was contained in DoD 5400.11-R, "DoD Privacy Program," August 1983. Paragraph C4.2.1.1 of the regulation provides that records pertaining to an individual may be disclosed without the consent of the individual to any DoD official who has a need for the record in the performance of his or her official duties. The Assistant Secretary of Defense (Health Affairs) issued HA Policy 02-005 on April 10, 2002, which provided guidance for the medical care for enemy detainees under U.S. control. The policy memorandum specifically stated that the health of each detainee shall be monitored and medical records maintained in accordance with the multi-Service regulation, "Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees," October 1, 1997.

(U//~~FOUO~~) **DoD Guidance.** DoD guidance governing the confidentiality of medical records was expanded in response to implementation of the Health Insurance Portability and Accountability Act, Public Law 104-191 and issued in DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003. Paragraph C7.11.4 of this regulation provided that a DoD military health facility may disclose protected health information to authorized DoD and other Federal officials for the conduct of lawful intelligence and national security activities. Authority for the disclosure of medical information for national security purposes was reiterated by DoD Instruction 2310.08E, "Medical Program Support for Detainee Operations," June 6, 2006. Further, Joint Publication 3-63, "Detainee Operations," May 30, 2008, directs combatant commanders to "plan, execute, and oversee detainee operations" and specifically assigns to medical officers the responsibility "to identify the process for notifying interrogators of detainee medical limitations."

(S//NF)

OSD, (b)(1), Sec. 1.4(c), (b)(5)



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OSD (b)(1), Sec. 1.4(c), (b)(5)



(U//~~FOUO~~) **Joint Chiefs of Staff.** Chairman, Joint Chiefs of Staff Instruction 3290.01C, "Program for Detainee Operations," June 20, 2008, assigns to the Director of Operations (J3) responsibility for reviewing operational plans of combatant commanders to ensure conformance with the standards contained in the DoD Detainee Program. The format for operational planning documents is governed by CJCS Manual 3122.01, Joint Operation Planning and Execution System, Volume I. CJCS Manual 3122.03C, Joint Operation Planning and Execution System, Volume II, August 17, 2007, established the format for such plans. Annex B provided the format for human intelligence (HUMINT) operations, including the exploitation of prisoners. Annex Q, Medical Services, was established to provide planning data for medical services to outline health care and support for prisoners.

(U//~~FOUO~~) **United States Southern Command.** United States Southern Command (USSOUTHCOM) issued guidance directly applicable to detainee operations at Guantanamo in Policy Memorandum 8-02, August 6, 2002. Paragraph 4.d. of the policy memorandum stated that communications between detainees and health-care providers are not confidential. The policy memorandum further charged medical personnel to convey any information concerning the accomplishment of a military or national security mission. United States Southern Command issued additional guidance in a memorandum dated August 9, 2004. This policy statement contained guidance that medical information could be made available to appropriate military authorities and released by the JTF GTMO surgeon or the United States Southern Command Surgeon.

(U//~~FOUO~~) **JTF Guantanamo.** Prior to issuance of the USSOUTHCOM policy of August 9, 2004, the Detention Hospital at Guantanamo published Standard Operating Procedure (SOP) No. 013, "Patient Administration Department," dated June 11, 2003, which stipulated that intelligence and law enforcement personnel were not allowed to check out medical records or to view medical records in clinical areas. Only members of

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the Behavioral Science Consultant Team (BSCT)² were permitted to view medical records. This procedure was amplified by two additional SOPs issued the following year. Joint Medical Group SOP No. JMG 001, "Request for Medical Information," March 1, 2005, directed that no medical or dental information was to be used for the purposes of furthering intelligence gathering and that all release of medical or dental information must have the written approval of the Surgeon General or his deputy. JMG SOP No. 009, "Custody and Control of Medical/Dental Records," June 1, 2005, reiterated that at no time would active detainee medical or dental records leave the custody of the detention medical staff.

(U) Summary of Analysis

(U//~~FOUO~~) DoD policies for both medical support to detainees and interrogation have evolved over time. Health-care providers and interrogation staff described an evolving information-sharing environment ranging from unrestricted access to medical records by interrogators to an almost total restriction on the disclosure of medical information in support of interrogations. An OIG interview with a former commander of the Joint Medical Group, JTF GTMO, an OIG survey from a former interrogator, and the Admiral Church investigation of DoD detention operations indicate that from the commencement of detainee operations at Guantanamo, DoD interrogators reportedly had unrestricted access to detainee medical records. In April 2003, the JTF Surgeon designated BSCT personnel as intermediaries to review detainee medical records on behalf of interrogators. In June 2003, access to detainee medical records by BSCT personnel became subject to review by the JTF Judge Advocate General. In June 2004, the JTF Surgeon updated local policy and prohibited BSCT personnel from accessing detainee medical records without the JTF Surgeon's express approval. The majority of interrogation supervisors and interrogators we surveyed (covering the period of 2002 to 2008) confirmed that they did not have access to detainee medical/mental health records. However, as will be discussed in Finding B, the interrogation staff clearly had access to mental health *information*, if not the actual records. Furthermore, in spite of the obstacles placed on interrogators' direct access to detainee medical records, we discovered no policy prohibiting the sharing of detainee medical information with intelligence components for interrogation purposes.

(U) OIG review of detainee medical records at the Joint Medical Group and interviews with senior DoD health-care officials and intelligence officers determined that there is a valid need for interrogation components to have medical information relative to the physiological and psychological state of detainees to be interrogated. Interrogators should be aware that a detainee may have a communicable disease to protect DoD personnel and should also be informed of medical diagnoses and medications that may affect interrogation approaches or the reliability of information provided by the detainee. DoD health-care providers have a primary responsibility for the welfare of their detainee patients. However, it is the responsibility of the respective command surgeon to

² (U) This team is comprised of health-care personnel qualified in behavioral sciences who are assigned exclusively to provide consultative services to support authorized law enforcement or intelligence activities.

incorporate criteria and processes for the disclosure of medical information in Annex Q of operational planning documents. Absent definitive command approved procedures on the provision and use of mental health information in intelligence reporting, intelligence analysts and the broader intelligence consumer community will be deprived of crucial information necessary to make informed national security judgments and decisions.

(U) Recommendations, Client Comments, and Our Response.

(U) A. We recommend that the Director, Joint Staff issue guidance requiring that the Combatant Commands when preparing contingency plans and operations plans for staffing through the Joint Operations Planning and Execution System:

(U) 1. Specify in Annex Q (Medical Services) the medical information to be provided in support of interrogation activities.

(U) 2. Include in Annex Q the process for sharing medical information with interrogation components.

(U) 3. Specify in Annex B (Intelligence) how interrogation elements obtain medical information.

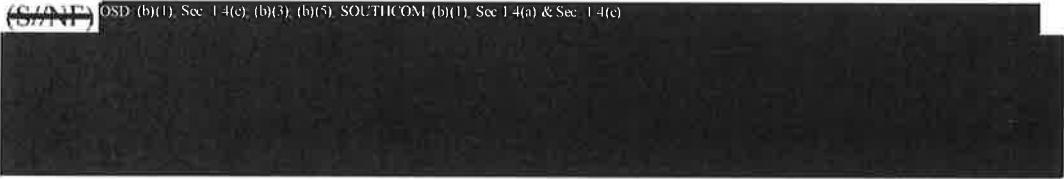
(U) 4. Specify in Annex B how interrogation elements include medical information in intelligence reporting.

(U) *Management Comments.* The Vice Director, Joint Staff, concurred with Finding A and proposed that corrective measures should be expanded by updating JCS policy and doctrine to effect training modifications for the more efficient conduct of incorporating essential medical information into interrogation operations.

(U) *Evaluator Response.* We concurred with the Vice Director, Joint Staff comments.

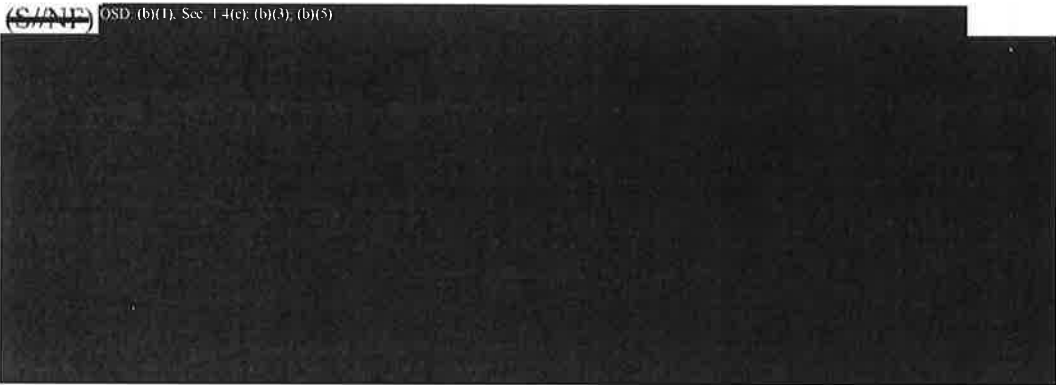
(U) Finding B. Inclusion of Information in Intelligence Information Reports

(S//NF) OSD: (b)(1), Sec. 1.4(c), (b)(3), (b)(5) SOUTHCOM (b)(1), Sec. 1.4(a) & Sec. 1.4(c)




(U) Guidance

(S//NF) OSD: (b)(1), Sec. 1.4(c), (b)(3), (b)(5)



(S//NF) OSD: (b)(1), Sec. 1.4(c), (b)(3), (b)(5)



(S//NF) OSD: (b)(1), Sec. 1.4(c), (b)(3), (b)(5)



(S) OSD: (b)(1), Sec. 1.4(c), (b)(3), (b)(5)



OSD (b)(1), Sec. 1.4(e), (b)(3), (b)(5)



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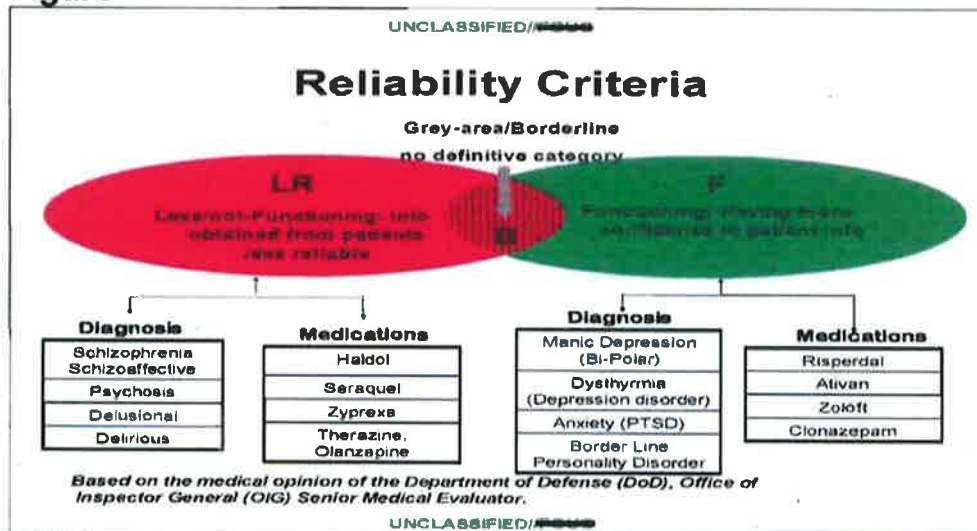
OSD (b)(1), Sec. 1.4(e), (b)(3), (b)(5)



(U) Methodology

(U) The DoD OIG Senior Medical Evaluator described possible criteria for developing a mental illness threshold for our analysis. The criteria would assist in determining an individual's potential reliability based on medical diagnosis and subsequent treatment (Figure 1).

Figure 1



~~(S//NF)~~

OSD (b)(1), Sec. 1.4(e), (b)(5), SOUTHCOM (b)(1), Sec. 1.4(e)



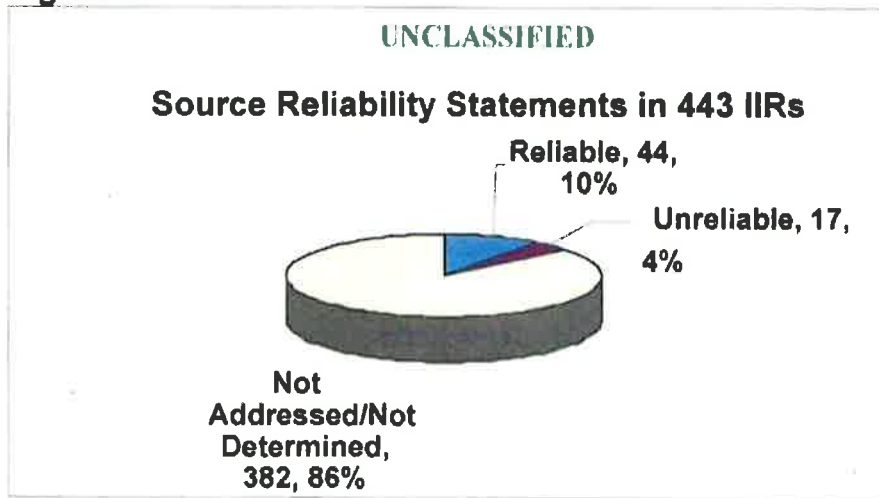
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OSD: (b)(1), Sec. 1.4(c), (b)(5), (b)(6), SOUTHCOM: (b)(1), Sec. 1.4(c), (b)(6)

(U) Lack of Reporting

(S//NF) OSD: (b)(1), Sec. 1.4(c), (b)(5), (b)(6), SOUTHCOM: (b)(1), Sec. 1.4(c)

Figure 2



(S//NF) OSD: (b)(1), Sec. 1.4(c), (b)(5), (b)(6), SOUTHCOM: (b)(1), Sec. 1.4(c)

³ (U) The 20 detainees were not meant to be representative of all of the detainees seen by the Behavioral Health Unit at JTF-GTMO.

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OSD (b)(1), Sec 1.4(c); (b)(5); (b)(6); SOUTHCOM (b)(1), Sec 1.4(c)

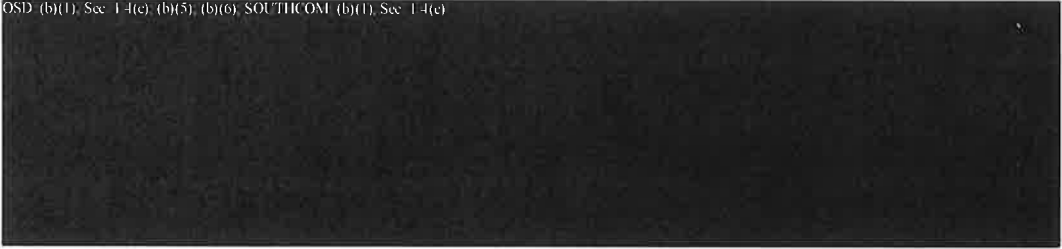
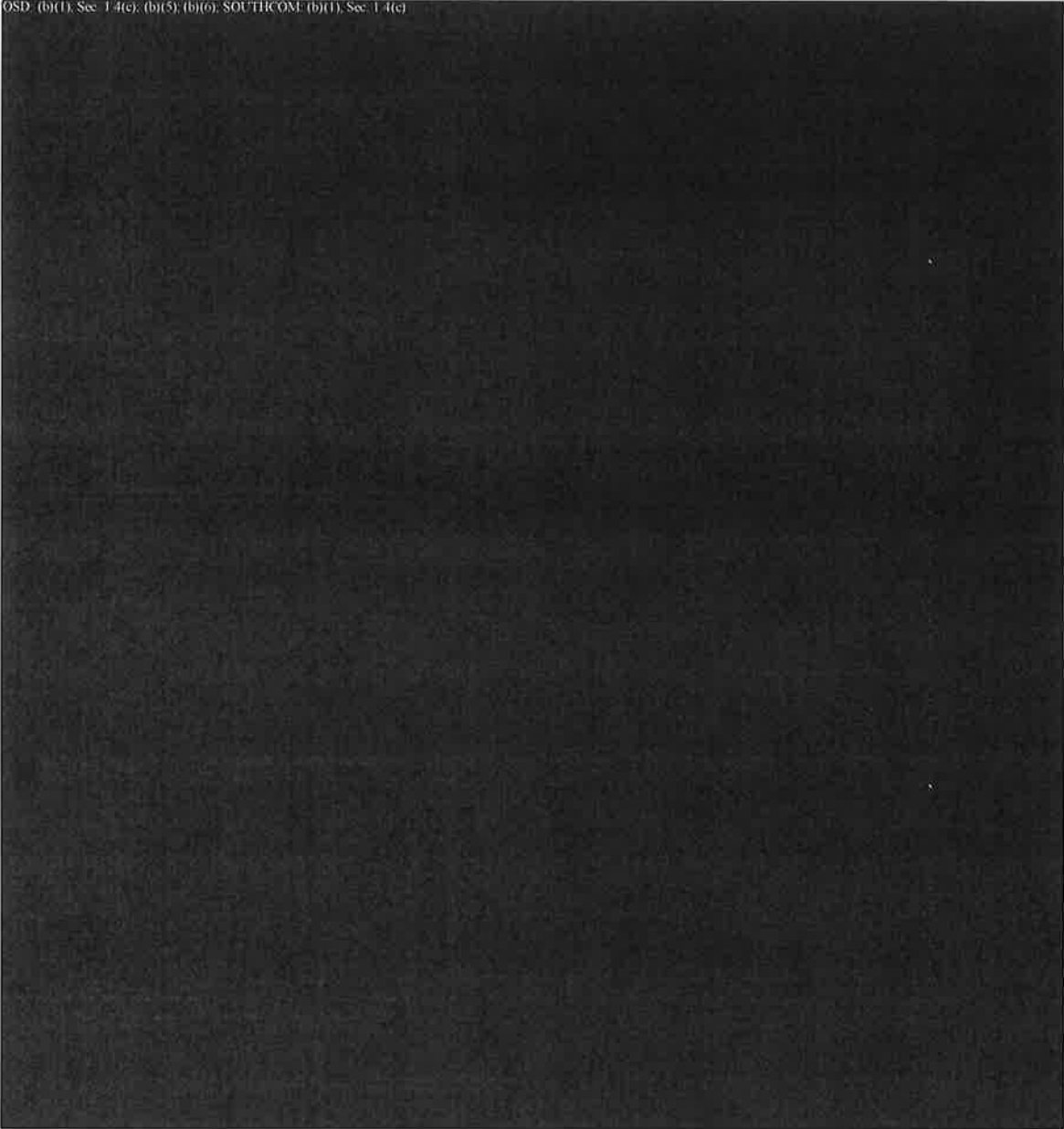


Table 1

OSD (b)(1), Sec 1.4(c); (b)(5); (b)(6); SOUTHCOM (b)(1), Sec 1.4(c)



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OSD: (b)(1), Sec. 1.4(e); (b)(5); (b)(6), SOUTHCOM: (b)(1), Sec. 1.4(e)



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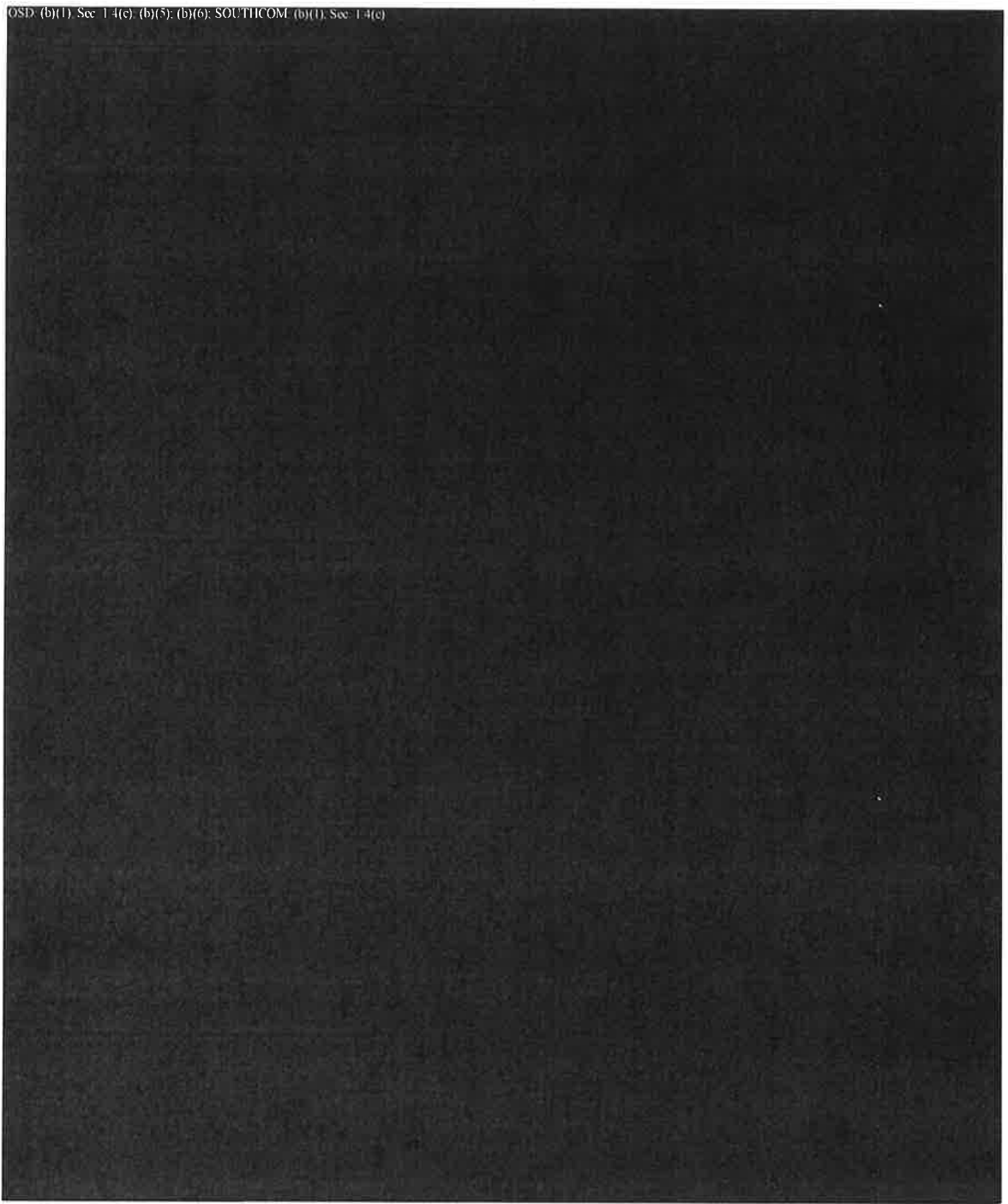
OSD: (b)(1), Sec. 1.4(c), (b)(5), (b)(6); SOUTHCOM: (b)(1), Sec. 1.4(c)



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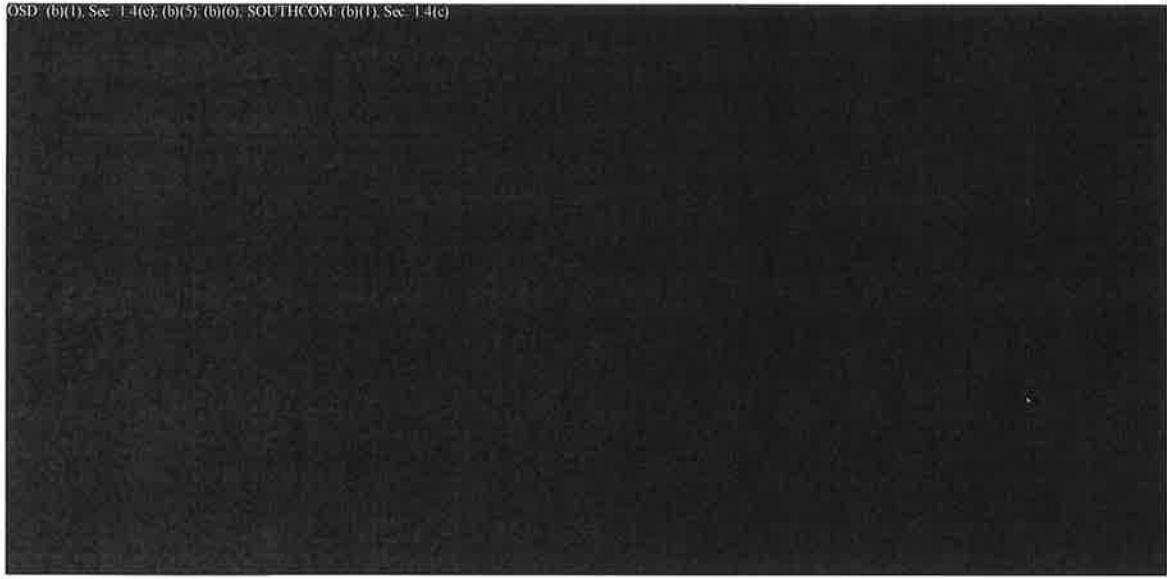
OSD (b)(1), Sec 1.4(c), (b)(5); (b)(6); SOUTHCOM (b)(1), Sec 1.4(c)



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OSD: (b)(1), Sec. 1.4(c); (b)(5); (b)(6); SOUTHCOM: (b)(1), Sec. 1.4(c)

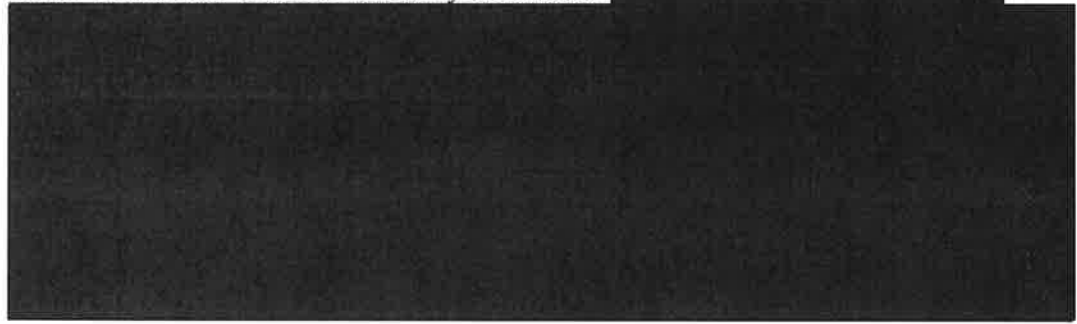


(U) Interviews

~~(S//NF)~~ *Analyst Interviews.* OSD: (b)(1), Sec. 1.4(c); (b)(5); (b)(6)



~~(S//NF)~~ *Vice Deputy Director for Analysis, DIA.* We interviewed the Vice Deputy Director for Analysis, DIA, to obtain his perspective on the inclusion of mental health information in source reliability statements. OSD: (b)(1), Sec. 1.4(c); (b)(5); (b)(6)

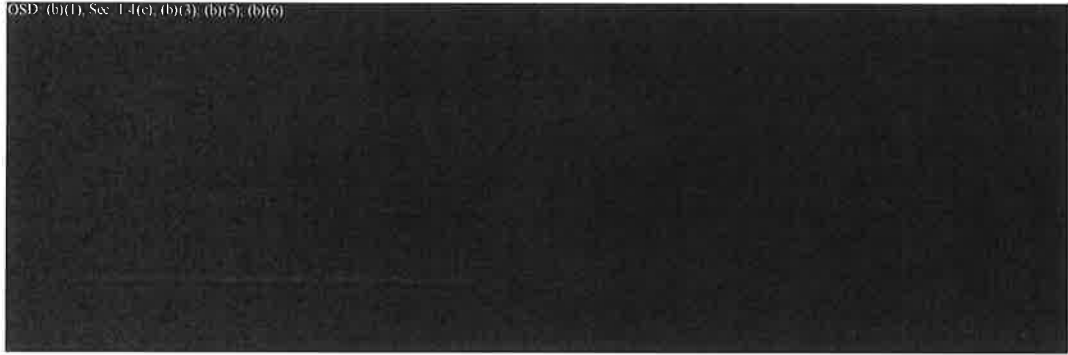


~~(S//NF)~~ *Deputy Director of Human Intelligence, DIA.* When we interviewed the Deputy Director of Human Intelligence, DIA, we pointed out that in many cases the

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OSD: (b)(1), Sec. 1.4(c), (b)(3), (b)(5), (b)(6)




(U) Recommendations, Client Comments and Our Response

~~(S//NF)~~ B. OSD: (b)(1), Sec. 1.4(c), (b)(3), (b)(5), (b)(6)



~~(S//NF)~~ **Management Comments.** The Deputy Under Secretary of Defense for Human Intelligence, Counter Intelligence and Security concurred with the all of the reports findings and recommendations. OSD: (b)(1), Sec. 1.4(c), (b)(3), (b)(5), (b)(6)



(U) Evaluator Response. We concur with the guidance issued by the Deputy Under Secretary of Defense for Human Intelligence, Counter Intelligence and Security.

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(U) Finding C. Impact of Information on Finished Intelligence

(S//NF)

OSD: (b)(1), Sec. 1.4(e), (b)(5); SOUTHCOM: (b)(1), Sec. 1.4(e)



(U) Policy


(S//NF)

OSD: (b)(1), Sec. 1.4(e), (b)(5)



(S//NF)

OSD: (b)(1), Sec. 1.4(e), (b)(5)



(S//NF)

OSD: (b)(1), Sec. 1.4(e), (b)(5)



(U) Review of Documents

(S//NF)

OSD: (b)(1), Sec. 1.4(e), (b)(5); SOUTHCOM: (b)(1), Sec. 1.4(e)



³ (U) Finished intelligence is the final product of the intelligence cycle ready to be disseminated. The three types of finished intelligence are basic, current, and estimative.

OSD (b)(1), Sec. 1.4(e), (b)(5), SOUTHCOM (b)(1), Sec. 1.4(e)



(U//~~FOUO~~) **Data Call Submissions.** On August 12, 2009, we sent a data call to DIA; the Central Intelligence Agency (CIA); National Ground Intelligence Center; National Security Agency; Army Counterintelligence Center; Office of the Director of National Intelligence Bureau of Intelligence and Research; Department of State; United States Southern Command; United States European Command; United States Special Operations Command; United States Central Command; United States Northern Command; United States Strategic Command; and United States Pacific Command. We requested they provide copies of all finished intelligence products (briefings, assessments, estimates, reports, etc.) attributed in part or in whole to any of our 20 selected detainees. We also requested copies of all analyst or consumer IIR evaluations of reports attributed to our 20 selected detainees.

(U//~~FOUO~~) Our data call requests yielded three reports from the CIA Counterterrorism Center's Office of Terrorism Analysis⁵ and two briefings, three intelligence reports, and multiple Annual Review Board Assessments from DIA. During the interview process, a DIA analyst provided us with an additional briefing and three additional intelligence reports.

(U//~~FOUO~~) The DoD Administrative Review Board Assessments submitted by DIA included summaries for 8 of our 20 selected detainees. The detainee Administrative Review Board Assessment is managed by the Office for the Administrative Review for the Detention of Enemy Combatants to determine whether a GTMO detainee is repatriated. The Administrative Review Board reviews assessments of detainees from JTF GTMO and the concerned combatant command to determine whether to recommend release, transfer, or continued detention at GTMO. The majority of the information contained in the summaries was derived from information that the detainees provided about themselves. Information from the finished intelligence products DIA provided can be seen in Table 2.

Table 2

OSD (b)(1), Sec. 1.4(e), (b)(5), (b)(6), DIA (b)(1), Sec. 1.4(e) & Sec. 1.4(f)



⁵ (U//~~FOUO~~) We referred this information to the CIA Inspector General for his information and action.

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OSD: (b)(1), Sec. 1.4(e); (b)(5); (b)(6), DIA: (b)(1), Sec. 1.4(e) & Sec. 1.4(g), (b)(5)



(U) Analyst Evaluations

(U//~~FOUO~~) Our data request for copies of all analyst or consumer IJR evaluations of reports attributed to our 20 selected detainees yielded 42 evaluations. These 42 evaluations covered reporting from 13 of the 20 selected detainees. We subsequently

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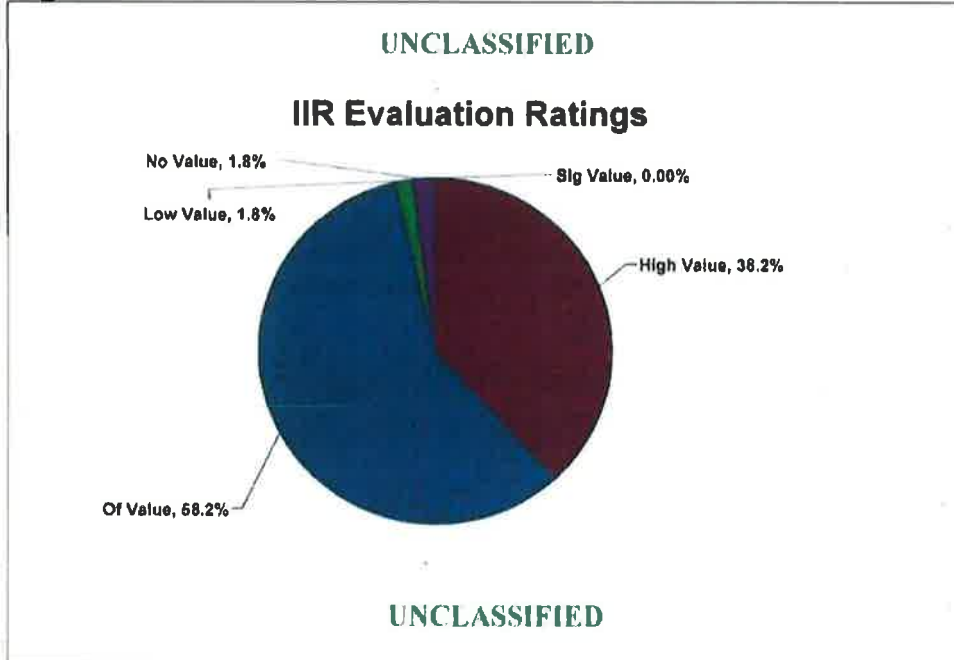
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interviewed and distributed questionnaires to 22 DoD intelligence analysts to better understand the value and utility of the information reported by the 20 selected detainees. We also asked these analysts to describe how they used the information.

(S//NF) As shown in Figure 3, 96 percent of analysts rated the IIRs from the 13 sources as being "of value" or of "high value." OSD: (b)(1), Sec 1.4(e), (b)(5)



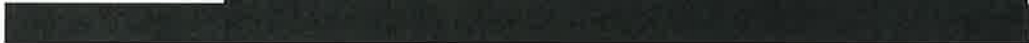
Figure 3



(U) Recommendations, Client Comments and Our Response

(U) C. We recommend that the Director, DIA, review the finished intelligence products derived from the 20 selected sources to determine if any corrective action, such as retraction or revision, needs to be taken.

(S//NF) **Management Comments.** The Director, DIA, concurs with our recommendation. OSD: (b)(1), Sec 1.4(e), (b)(5)



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OSD: (b)(1), Sec. 1.4(c), (b)(5)



(U) ***Evaluator Response.*** We concur with the Director, DIA's comments.

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Director, Joint Staff (U)



THE JOINT STAFF
WASHINGTON, DC

Reply ZIP Code:
20318-2000

DJSM 0244-10
19 April 2010

MEMORANDUM FOR THE DEPUTY ASSISTANT INSPECTOR GENERAL FOR INTELLIGENCE EVALUATIONS

Subject: Review of Joint Task Force Guantanamo's inclusion of Mental
Health Information in Intelligence Information Reports
(D2009.DINT01.0203.000)

1. Thank you for the opportunity to review and comment on the draft report pertaining to the subject issue.¹ While the Joint Staff agrees with the need to address sharing pertinent medical information with interrogators, not every plan includes a detention mission and not every detention operation will be established through an operational or contingency plan. In fact, JTF GTMO was established through an execute order, not a plan. Thus, we believe that instead of limiting the Joint corrective measures to planning, we need to update policy and doctrine to effect training modifications.
2. As corrective actions, we propose that the Joint Staff Directorate for Intelligence (J-2) update CJCS Manual 3314.01 Series, "Intelligence Planning" (Enclosure A) and Joint Publication 2-01.2, "Counterintelligence and Human Intelligence in Joint Operations" (Enclosure B) to address the requirement for interrogation and medical supervisors in detention facilities and establish procedures for sharing medical information for intelligence usage. Both of these publications are being updated. The J-2 will also work with DIA and the Services to ensure that the certifying interrogation courses include this requirement in their curricula.
3. Addressing this issue in policy and doctrine will ensure not only that the procedure is getting down to the lowest level, but that it is incorporated in training curricula. We also believe that JTF commanders require the flexibility to establish local procedures for the exchange of medical information.

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4. The Joint Staff point of contact is [REDACTED] (b)(6)
[REDACTED] (b)(6)

Bruce E. Grooms

B. E. GROOMS
RADM, USN
Vice Director, Joint Staff

Enclosures

Reference:

- 1 DOD IG Office memorandum, "19 February 2010, 'Review of Joint Task Force Guantanamo's Inclusion of Mental Health Information in Intelligence Information Reports (D2009 DINT01 0203 000) (U)'"

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Under Secretary of Defense for Intelligence (U)



INTELLIGENCE

OFFICE OF THE UNDER SECRETARY OF DEFENSE
DEPT. OF DEFENSE PENTAGON
WASHINGTON, DC 20301-3000

MAP 11 2001

MEMORANDUM FOR DEPUTY ASSISTANT INSPECTOR GENERAL FOR INTELLIGENCE EVALUATION

SUBJECT: Review of Joint Task Force Guantanamo's Inclusion of Mental Health
Information in Intelligence Information Reports (Project Number D2009-
DINT01-0203-000)

My office has reviewed your draft report entitled "Review of Joint Task Force
Guantanamo's Inclusion of Mental Health Information in Intelligence Information
Reports." We concur with the report's three main findings and recommendations.

OSD (b)(1), Sec. 1.4(c), (b)(3), (b)(5), DIA (b)(1), Sec. 1.4(c)



Our line-by-line declassification review of the document is attached.


Laurence K. Ruppel
Deputy Under Secretary of Defense
HUMINT, Countersintelligence & Security

Attachment
As stated

UNCLASSIFIED when separated from classified attachment



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Defense Intelligence Agency (U)



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DEFENSE INTELLIGENCE AGENCY
WASHINGTON, D.C. 20340-5100



S-10-0268/C.F.

APR 02 2010

To: Department of Defense Inspector General
400 Army Navy Drive
Arlington, VA 22202

Subject: (U) Review of Joint Task Force Guantanamo's Inclusion of Mental Health
Information in Intelligence Information Reports

Reference: Department of Defense Inspector General Draft Report, "Review of Joint Task Force
Guantanamo's Inclusion of Mental Health Information in Intelligence Information
Reports," dated Feb 19, 2010 (Document is classified SECRET//NOFORN)

1. ~~SECRET~~ DIA (b)(1), Sec 1.4(a) & Sec 1.4(c)

[REDACTED]

2. ~~SECRET~~ OSD (b)(1), Sec 1.4(c), DIA (b)(1), Sec 1.4(a) & Sec 1.4(c), SOUTHCOM (b)(1), Sec 1.4(c)

[REDACTED]

3. ~~SECRET~~ OSD (b)(1), Sec 1.4(c), (b)(5), DIA (b)(1), Sec 1.4(a) & Sec 1.4(c), SOUTHCOM (b)(1), Sec 1.4(c)

[REDACTED]

4. (U) DIA endorses finding A of the referenced report, which recommends the Joint Staff issue guidance specifying medical information to be provided intelligence personnel in support of interrogation activities.

5. (U) The DIA point of contact is DIA (b)(6) or via JWC'S
DIA (b)(6)

RONALD L. BURGESS JR.
Lieutenant General USA
Director

Exempt from Multiple Dissem.
Excluded from automatic downgrading and declassification

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Inspector General
Department of Defense

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